	FORM	ALASKA CO	RPORATION	ON NET INCC	ME TA	X RETURN	2003	3		
O4-611 For the calendar year 2003 or the taxable year beginning				l	Department Use Only					
						FSN.SEQ	ENVELOPE #			
			, 2003 and e	nding	,					
			1							
Fed	eral EIN		Alaska Corpora	tion File #	NAICS C	ode	Alaska Business License #			
Nan	ne						Telephone Number			
Mai	ling Address						Fax Number			
City			State		Zip Code		E-Mail Address			
Con	tact Person		Title		<u> </u>		Contact Telephone Number			
	Check applicat	ole boxes:		F	RETURN	DATA				
	First Alaska ret	turn	Yes No	(Check Yes or No)	. "		(F. 700)			
	Final Alaska re	turn		Is a federal extension Is this an information	report for	וז yes, attacn a co a corporation that i:	py of Form 7004. s inactive in Alaska?			
	Name or addre	ess change since last year		Is this a non-affiliated	d corporation	on doing business o	only in Alaska with an			
	Limited Liability	Company (LLC)	□ □ 4.	apportionment factor			hort Form 04-611SF. 0.073. If yes, Schedule B,			
	Exempt organia	zation (see instructions)		question #1 must be	completed		-			
	S-Corporation	(Attach 1120S)	<u> </u>	Is this a consolidated Alaska business active			than one corporation with			
	•	Association (Attach 1120H)	□ □ 6.		ivities cond	ducted by a member	er of the affiliated group			
		COLI		ET INCOME TA						
1	Alaaka inaam	ie (loss) from Schedule H				1		DEPT USE ONLY		
						2		NII		
	·	perating loss deduction (attac	,					NL 		
		le income. Subtract line 2 fro				3		TI		
		e tax from Schedule D, line				4		TX		
		rom Schedule E, line 8				5	,	OT		
		d credits from Schedule F, li				6 ()	CR		
		um of lines 4, 5 and 6				7	,			
		dits (see instructions)				8 ()	IC		
		Schedule G, line 4				9 ()	EC		
10.		come tax (line 7, net of lines								
		04-708				10		NT		
	-	m Page 3, Schedule C				11		PT		
		ne 10 is larger than line 11, e				12				
		t. If line 11 is larger than line		·		13				
	-	nderpayment of estimated ta				14		UP		
	•	ilure to file (see instructions)				15		PF		
	•	ilure to pay (see instructions				16		PP		
	•	instructions)				17		IN		
		due (overpaid). Line 12 plus				18				
		t credited to 2004 estimated				19		CF		
20.	Refund (line	18 reduced by line 19)				20		RF		
		nalties of perjury, that I have exa						DEPT USE ONLY		
	•	vledge and belief, it is true, corre	ect, and complete	e. Declaration of prep	arer (other	than taxpayer) is b	pased on all	CFWD		
Offic		n preparer has any knowledge.		Date	Title					
_	ature							REFUND		
	arer's ature			Date	Check if self-employ	Preparer's SSN	l or PTIN	APPROVED		
					E.I. No.	you		AFFROVED		
your	's name (or s if self-employed)			Zip Code			DATE		
	address n 04-611 webform	(Rev 01/04)		Page 1	<u> </u> 	Dept Use Only		<u> </u>		
OIN	ii o+-o i i webioffii	(1.00 0 1/0 1)		raye	•	Validation Number:				

SCHEDULE B - TAXPAYER INFORMATION

1. Affiliated Taxpayer Information. Complete the following information for all Alaska taxpayers included in the affiliated group of the taxpayer(s): List <u>only</u> those corporations having nexus in Alaska. You may also use this schedule to satisfy information reporting requirements of affiliated corporations registered to do business in Alaska which have no business activity in the state.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
					Is this an inactive	•		Included in	Included as	
	Name and Address of each Alaska taxpayer				corporation	Doing	State of	federal	a "taxpayer"	
	in the affiliated group	Federal Employer	Alaska Corporation	Alaska Business	report?	Business	Commercial	Consolidated	in this return	
No.	(Attach schedule if additional space is required)	ID Number	File Number	License Number	Y/N	in Alaska	Domicile	Return Y/N	Y/N	
	·					·		·		
_									1	
2	2. If any tax payer included in this return is included in a federal 3. If this is the first return indicate whether:									

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the Name, Address,	3. If this is the first return, indicate whether:	 Name and address on your prior year's return if different from page 1. State the reason for the change (e.g., 		
and Federal Employer Identification Number of the common parent of the federal consolidated group:	□ New business	merger, name change, etc.)		
	☐ Successor to previously existing business			
		Name:		
EIN:	Enter name, address and federal Employer Identification			
	Number of previous business:	Address:		
Name:				
	EIN:			
Address:				
	Name:	Reason:		
	Address:			
		=		

AME:		EIN:				
TAX RATE SCHEDULE (AS 43.20.011)	•	SCHEDUL	E C		
your Alaska taxable income is:		TA	X PAYMENT	RECORD		
(5	5) Estimate	d Payments	Date		Amount	
(2) Of ⁻		04-711				
	ount (2)	04-711				
At least Than Your Tax Is Plus Ov	ver (3)	04-711				
, ·	0- (4)	04-711				
20,000 30,000 300 3% 20,		Tax 04-709				
	000 000 Overpayı	ment From Prior Yea	ar			
	000 000 Less: Qu	uick Refund (Form 4	466)	()
70,000 80,000 2,800 8% 70,	000	ments to Schedule	•	\$,
	000	mento to concuare	7t, Ellio 11	ĮΨ		
2011501		TAY COMPLI	TATION			
SCHEDU	JLE D - ALASKA	A TAX COMPU	A	1	В	
Alaska taxable income from Schedule A, line 3		1	Α		<u> </u>	
Net capital gain from Schedule J, line 18, but not mor						
If line 1 is a loss, enter zero		2				
Ordinary income. Subtract line 2 from line 1. If less t		3				
To compute the tax on ordinary income, apply the am		3				
the Tax Rate Schedule	iodin on mio o to					
(a) Tax from column 3 of the Tax Rate Schedule		4a				
(b) Ordinary income from line 3 above		4b				
(c) Amount from column 5 of the Tax Rate Schedule		4c				
(d) Excess. Subtract line 4c from line 4b						
(e) Percent from column 4 of the Tax Rate Schedule						
(f) Multiply line 4d by line 4e						
(g) Tax on ordinary income. Add lines 4a and 4f						
Tax on net capital gain. Multiply line 2 by 4.5%						
Alaska income tax. Add lines 4g and 5						
Enter the lesser of line 6, column A or B here and on						
	SCHEDULE E - (<u> </u>			
	(AS 43.2		•			
	(*10-1012	Α	\neg		В	
Alternative minimum tax from federal Form 4626	1a		x 18%	1b		
Credit for prior year minimum tax from Form 1120,						
Schedule J (see instructions)	2a		x 18%	2b ())
Other federal taxes (attach schedule)	За		x 18%	3b		
Total other taxes. Add lines 1b through 3b				4		
Alaska apportionment factor, from Schedule I, line 5.				5		
Multiply line 4 by line 5				6		
S-Corporation corporate level taxes, see instructions	(attach Schedule)			7		
Add lines 6 and 7. Enter here and on Schedule A, lin	,			8		•

Name:			EIN:	
	SCHEDULE F - CRE	DITS	l	
Current year general business credit				
, ě	ess credit (Part I, federal Form 3800)			1a
	x credit (line 5, Part I, federal Form 3468)	1b		
	cial security and Medicare taxes paid on			
	I, federal Form 8846)	1c		
(d) Current year trans-Alaska pipeline federal Form 3800)		1d		
(e) Unallowed credits from an electing		1e		
(f) Total of lines 1b through 1e				1f
(g) Current year Alaska general busine	ess credit. (Subtract line 1f from 1a)			1g
2. Alaska apportionment factor from Sche	edule I, line 5			2
3. Multiply line 1g by line 2				3
4. Multiply line 3 by 18%				4
5. Alaska general business credit carryov	er (attach schedule) and Alaska investment	credit (see instru	uctions)	5
Tentative general business credit. Add	l lines 4 and 5			6
	ne 4			7
8. Other federal-based credits that reduce	e regular tax before the general business cre	edit		
(a) Nonconventional source fuel credit	: (Part II, federal Form 3800)	8a		
	e 12I, Part II, federal Form 3800)			
	Add lines 8a and 8b			8c
9. Multiply line 8c by line 2				9
				10
11. Enter smaller of line 7 or line 10				11
12. Subtract line 11 from line 7				12
13. If line 12 is greater than \$4,500, enter 2	25% of the excess			13
				14
15. Enter lesser of line 6 or line 14				15
17. Alaska general business credit carryfor	dd lines 11 and 15 and enter on Schedule Arward. Subtract line 15 from line 6	, line 6		16
SCHEDUL Taxpayers may claim as a credit a portion	E G - EDUCATION CREDIT & VET (AS 43.20.014 and AS 43. on of contributions to qualifying Alaska contributions to qualifying Alaska contributions.)	20.018)		
Endowment Fund. Endowment Fund co		•	See Instructions	for limitations and more detail.
Payor	Name of College or Univers (if contribution to Veterans Memorial Fund	sity . enter "VMF")	Date	Contribution(s) Amount
1 5.751	(,,		
2. Multiply the lesser of line 1 or \$100,0003. Enter 100% (for Education Credit) or 7		xt \$100,000 of co		1 2 3 4

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NAME:		EIN:						
	SCHEDULE H - COMPUTATION	DN OE ALASKA INCOME						
	Form 1120, line 28, or Form 1120A, line							
	onsolidated group	<u></u>						
	2. Adjustments for combined reporting. Affiliated taxpayers only . (Attach schedules - by company):							
	come (loss) of domestic unitary corporation							
	20% or greater U.S. factors							
	rations with 20% or greater U.S. factors							
	ifying foreign trade income, FSC profit be							
•	ne from DISC's and tax haven corporation							
	income) loss of nonunitary corporations							
	income) long of unitory corporations inclu							
	income) loss of unitary corporations inclu							
	verage U.S. factors are less than 20% (see instructions)							
	ined reporting. Add lines 2a through 2f							
		— 						
	cations and adjustments. Add lines 1 and							
	line 3 above (Attach schedules - by comed by net income							
	ice non-business income							
	ions from federal Form 1120, line 19 m federal Form 4797, line 11							
	dule by type) a through 4e)							
	a unough 4e)							
	in line 3 above (Attach schedules - by co							
	the United States							
	tween members of the water's edge grou							
	nds	·						
	from foreign corporations							
	received from foreign corporations							
· ·	ch detailed schedule by type)							
	capital gain income not included in line 6							
	n federal Form 4797, line 12							
	dule by type)							
	s 6a through 6i)	·						
	ubtract line 6j from line 5							
	edule I, line 5							
	aska (line 7 times line 8)							
	t of expenses allocable to Alaska (attach							
11. Alaska Items:	, , , , , , , , , , , , , , , , , , , ,							
	1231 gain (loss) from Schedule J, line 20) 11a						
·	on deduction from Schedule K, line 10							
• •	deduction from Schedule L	· · · · · · · · · · · · · · · · · · ·						
(d) Total (add lines 11a through	n 11c)	11d						
	efore net operating loss. Add lines 9, 10							
on Schedule A, line 1								
	SCHEDULE I - APPORTI	IONMENT FACTOR						
Compute to 6 Decimal F	Places A. Total Within Al	laska B. Total Within & Without Alaska C. A divided by B						
1. Property								
2. Payroll								
3. Sales								
	1 C							
Alaska apportionment factor. D	vivide line 4 by 3 (if less than 3 factors are	re used, see instructions)						

NAN	ΛΕ:		EIN:			
	SCHEDULE J - ALASKA CAPITAL AN	ND S	 ECTION 1231 GAIN	S AND LOSS	ES.	
	Section 1231 Gains and Losses		A Combined	B AK Factor		C Alaska Gain or (Loss)
1.	Current section 1231 gains and (losses). If a loss enter the result on line 19	. 1				(3)
	Alaska non-recaptured net section 1231 losses from prior years. Enter as a p		number		2	
	If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter h			F	3	
4.	If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, ot	herwise	e enter zero		4	
5	Short-Term Capital Gains and Losses Total current short-term capital gains and (losses)	5				
	Non-business short-term capital gains and (losses)					
	Apportionable STCG/(L). Subtract line 6 from line 5 and apportion				T	
	Non-business STCG/(L) allocable to Alaska				8	
	Alaska unused capital loss carryover			-	9	(
	Net short-term capital gain or (loss), add lines 7C, 8, and 9			-	10	
	Long-Term Capital Gains and Losses	<u> </u>				
	Total current long-term capital gains and (losses)					
	Non-business long-term capital gains and (losses)					
	Apportionable LTCG/(L). Subtract line 12 from line 11 and apportion					
	Non-business LTCG/(L) allocable to Alaska			-	14	
	Enter amount from line 3			L	15	
16.	Net long-term capital gain or (loss). Add lines 13C, 14, and 15 Summary				16	
17.	Excess net short-term capital gain, line 10, over net long-term capital loss, line	e 16			17	
	Alaska net capital gain. Excess net long-term capital gain, line 16, over net s			-	4.0	
	line 10. Enter here and on Schedule D, line 2			-	18	
	If line 1C is a loss, enter here, otherwise enter the amount from line 4			F	19	
20.	Add lines 17, 18, and 19. Enter here and on Schedule H, line 11a			[20	
SC	HEDULE K - ALASKA CHARITABLE CONTRIBUTION	DED	UCTION	<u>۔</u>		
1.	Current charitable contributions				1	
2.	Contributions from Schedule G, line 1 included in line 1 above				2	
3.	Subtract line 2 from line 1				3	
	Apportionment factor from Schedule I, line 5. Corporations operating only in				4	
	Current Alaska charitable contributions. Multiply line 3 by line 4			F	5	
	Alaska excess charitable contribution carryover from prior years. Enter as a p			<u> </u>	6	
7.	Add lines 5 and 6				7	
	Enter the sum of Schedule H, lines 9, 10, and 11a, but not less than zero			-	8	
	Multiply line 8 times 10%			 	9	
	Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 he			H-	10	
11.	Alaska excess charitable contribution carryover. Line 7 minus line 10			[11	
SC	HEDULE L - ALASKA DIVIDENDS-RECEIVED DEDUC	TION	l (DRD)	-		
	Dividend income included in Schedule H, line 3			L	1	
	Less: Dividends not eligible for DRD (do not include any dividend in more that		· -			
	(a) Intercompany dividends from Schedule H, line 6b					
	(b) Section 78 gross-up dividends from Schedule H, line 6c					
	(c) 100% of dividends from foreign corporations. Divide Schedule H, line 6d b	•				
	(d) Dividends subtracted on Schedule H, line 6f as non-business income		 			
	(e) Total subtractions (add lines 2a through 2d)			T		
	Total. Subtract line 2e from line 1			F	3	
	Apportionment factor from Schedule I, line 5. Corporations operating only in			T	4	
	Apportioned dividends (multiply line 3 by line 4)			T	5	
	Add dividends allocable to Alaska included on Schedule H, line 10 Total dividends included in taxable income (add lines 5 and 6)			F	6 7	
	DRD prior to limitations (segregate dividends in line 7 and multiply by proper	1	A. Apportioned Dividends	<u>-</u>		C. DRD (A x B)
	(a) Dividends qualifying for 100% deduction		. II , IPPOILIONIOG DIVIGONIOS	100%	_	₩ 5110 (11 × 0)
	(b) Dividends qualifying for 80% deduction			80%	\dashv	
	(c) Dividends qualifying for 70% deduction			70%	\dashv	
	(d) Other, if applicable (enter % in column B)	\vdash		1 U 70		
	Tentative dividends-received deduction. Add lines 8a through 8d, column C. I		ere and carry the deduction	1	_	
	subject to IRC 246 limitation based upon Alaska taxable income, to Schedule				9	